



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

CENTURY CORRECTIONAL INSTITUTION

in

Century, Florida

On

January 26-28, 2010

CMA Physical Health Team Leader:

Tina Weber, MA

Physical Health Team Members:

Boyd Kellett, MD
Samuel Ferree, DDS
Steve Tomicich, ARNP
Ann Panzarino, RN
Sue Sims, RN

CMA Mental Health Team Leader:

Kathy Goltry, MSW

Mental Health Team Members:

Carmen Paroby, LCSW
Mary Jane Valbracht, ARNP
Debbie Kings, RN

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DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1,800	Male	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	1,184	Current Main Unit Census	1,446
Satellite Unit(s) Capacity	654	Current Satellite(s) Census	485
Total Capacity	1,838	Total Current Census	1,931

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	<i>Impaired</i>	
		1,307	553	71	NA	NA
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		
	1	2	3	4	5	<i>Impaired</i>
	1,889	42	NA	NA	NA	NA

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
		84	41	6	NA	NA

OVERVIEW

Institutional Description

Century Correctional Institution (CENCI) houses male inmates of close custody levels and is designated as a medical grade 3, psychological grade 2 facility. Health care services are also provided for Berrydale Forestry Camp, Century Work Camp, and Pensacola Work Release Center. Sick call is held 5 days a week at the main unit and 3 days a week at Berrydale FC and the work camp.

The overall scope of health services provided at CENCI includes comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, mental health outpatient, and observation/infirmatory care as required.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, dental and mental health systems at CENCI on January 26 through January 28, 2010. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

At the conclusion of the survey, the survey team conducted an exit conference with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective action(s) included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate monthly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and must be documented by a monthly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

ADMINISTRATIVE PROCESSES REVIEW

No significant findings on pharmacy, administrative processes, quality management, or infection control.

Discussion: Disposable sharps containers are not available in all the areas needed. There is only one available, and it has to be carried by staff from area to area; if the staff cannot bring it to the area it is needed they have to walk the sharps to where the container is creating potentially dangerous situations that could result in needle stick injuries. Containers should be available to medical staff in all areas needed (infirmary, sick call, emergency, etc.).

INSTITUTIONAL TOUR

No significant findings on the institutional tour.

Discussion: There was no log for checking the O2 tanks; nursing staff reported they checked the tanks each shift, but there was no documentation of that occurring.

EPISODIC CARE REVIEW

Infirmary Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-1: Discrepancies were found in 3 of 3 records reviewed, including:</p> <ul style="list-style-type: none"> a. inpatient records did not contain the required admission documentation b. discharge summary did not contain the required information 	<p>Provide in-service training to staff regarding the issues identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records (or, if fewer than 10, as many records that are available) to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

DENTAL REVIEW

No significant findings in dental.

CLINICAL SYSTEM REVIEW

Chronic Illness Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>PH-2: Discrepancies were found in 40 of 96 records reviewed, including:</p> <ul style="list-style-type: none">a. multiple charts missing required baseline examb. multiple charts missing required baseline historyc. multiple charts missing required baseline labs (see discussion)	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>
<p>PH-3: Discrepancies were found in 7 of 18 Cardiovascular clinic records reviewed, including:</p> <ul style="list-style-type: none">a. 5 of 18 missing annual fundoscopicb. 4 of 18 missing hyperlipidemia on the problem list	<p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
<p>PH-4: In 4 of 14 Endocrine records reviewed the annual microalbuminuria was missing.</p>	
<p>PH-5: In 4 of 15 Gastrointestinal records reviewed, the six month liver function test was missing.</p>	
<p>PH-6: In 8 of 15 Respiratory records reviewed, there was no documentation of pneumococcal vaccine being offered or refused (see discussion).</p>	

Discussion: PH-2 – HSB's require all baseline information is kept in the current volume of the chart; however the process of thinning records can result in baseline information being removed. It is the responsibility of the current institution to ensure the information is there. This information missing from the chart does not indicate the baselines were not completed, but that they could not be found in the current volume of the chart. This problem is not unique to CENCI.

Discussion: PH-6 – A total of 34 of 96 Chronic Illness records did not have documentation of this vaccine being offered or refused. The Senior Health Services Administrator reported the vaccine was kept ‘on hand’.

OTHER RECORD REVIEW

There were no significant findings in Consultations, Intersystem Transfers, or Preventive Care.

Medication Administration Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-7: In 15 of 15 records reviewed, elements were missing on the medication orders; most did not have the time noted while some were also missing dates.	<p>Provide in-service training to staff regarding the issue identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>
PH-8: In 8 of 18 records reviewed information was missing on the problem list (date, name, diagnosis, etc.).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

OVERALL REVIEW

Overall Record Review	
Finding(s)	Suggested Corrective Action(s)
PH-9: Documentation concerns were found in the majority of records reviewed where the clinical associate was the primary provider, including: <ul style="list-style-type: none"> a. notes were often illegible b. notes were not always sufficiently thorough in the subjective/objective evaluations 	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p>

Overall Record Review	
Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

CONCLUSION

Although there are a significant number of findings at CENCI, many of these are related to either documentation errors or issues with thinning the charts and not with the clinical care provided. Those issues that do address clinical care, such as inconsistent provision of required labs, were found in a small percentage of the charts reviewed. It was noted by clinical surveyors that the information obtained through documentation, especially nursing notes, demonstrated that for the most part the inmates appeared stable in their conditions and that when they were not the institutional staff reacted appropriately.

Except for the missing baseline information, medical records were very well organized, data entry efforts were timely and accurate, and administrative documents were appropriately maintained. Review of the inmate housing and food service areas revealed no negative findings. Staff appeared to be knowledgeable about procedures; all areas on the compound were clean and neat. Interviews with inmates were positive and some inmates noted that nursing staff were very helpful and caring.

Clinician surveyors noted that overall the institutional staff seemed to provide good clinical management and monitoring of inmates. It was also evident that security staff works very well with medical staff to ensure inmates receive the care they need. Overall the clinic staff, including medical and administrative, demonstrated their dedication to providing the required health care to the inmate population.

MENTAL HEALTH FINDINGS

OVERVIEW

Century Correctional Institution provides outpatient mental health services. The following are the mental health grades used by the department to classify inmates and the level of mental health services provided at CENCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).

Access to Mental Health Services Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 4 of 7 records reviewed, consent forms were either missing or had been signed more than one year prior to the date of the inmate being seen.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services Record Review	
Finding(s)	Suggested Corrective Action(s)
<p>MH-2: In 7 of 12 records reviewed there was no documentation that qualified health care staff reviewed the record within 24 hours of arrival at the institution to ensure no unreasonable delays in mental health treatment. (On DC form DC4-760A Health Information Arrival/Transfer Summary “mental health” was not checked.)</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Mental Health Services Record Review	
Finding(s)	Suggested Corrective Action(s)
MH 3: In 7 of 12 records reviewed identified problems were not listed on the problem list. On 6 of the 7, the problem list was blank.	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records to evaluate the effectiveness of corrections. Monitoring intervals may be modified to less often if results indicate appropriate compliance or correction.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION

Currently CENCI has one Senior Mental Health Clinician and one Mental Health Specialist on site five days per week. Although there are 42 inmates receiving mental health services, staff also answer requests from inmates not on the mental health caseload. The senior clinician has an average of 19 inmates on her caseload; the psychological specialist has an average caseload of 22 and also makes daily rounds in confinement. Progress notes, case summaries, and documentation of mental health encounters were complete and informative. Groups were being conducted regularly and documentation indicated that they were well attended by participating inmates. Inmate requests were responded to in a timely manner and inmates with serious or emergent mental health problems were referred for appropriate follow up.

All inmates interviewed indicated they were familiar with how to access mental health services and would not hesitate to ask for help if they had a mental health problem. Inmates on the mental health caseload expressed satisfaction with the mental health services provided to them.

The issues identified by surveyors were primarily related to documentation and do not appear to be indicative of any systemic problems. Inmates at CENCI appear to be receiving timely and appropriate care consistent with Department and community standards. Mental health staff manages the mental health needs of the inmate population well and they intervene quickly when the occasional crisis occurs.

SURVEY PROCESS

The goals of CMA surveys are to:

- Determine if the physical, dental and mental health care provided to inmates in all state and privately operated correctional institutions is consistent with state and federal law and is consistent with standards of care generally accepted in the professional health care community at large;
- Promote ongoing improvement in the correctional system of health services; and,
- Assist the Department of Corrections in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining if inmates:

- Have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care;
- Receive adequate and appropriate mental health screening, evaluation, and classification;
- Receive complete and timely orientation on how to access physical, dental and mental health services;
- Have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning;
- Receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate;
- Receive and benefit from safe and effective medication, laboratory, radiology, and dental practices and have access to timely and appropriate referral and consultation services;
- Are recipients of safe and effective psychotropic medication practices;
- Remain free from the inappropriate use of restrictive control procedures;
- Receive assessments and treatments sufficiently documented to provide a clear picture of the care provided;
- Are provided adequate care and treatment by a sufficient number of qualified staff.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists and social workers. The survey process includes a review of the physical, dental, and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and myriad additional administrative issues. Individual case reviews are also conducted.

The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services). Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters).
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation).
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc).
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor.

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation, i.e., logs, consultation requests, medication administration reports, etc. coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff. Findings identified in the department section require corrective action by central office, security, or program area staff.